

## JUDICIAL STAFF COUNSEL III - PROBATE

Announcement Number: 04-013

### *Supplemental Application*

**Filing Deadline: 4:30 p.m., Monday July 19, 2004**

**This form must be submitted with the Superior Court of California, County of San Bernardino Employment Application.**

This supplemental application and other required application materials will be the basis for a competitive evaluation of qualifications. Only the highest rated candidates will receive further consideration. A résumé, while useful, will not substitute for this form.

1. LICENSE/EDUCATION

i. California Bar License Number: \_\_\_\_\_

ii. Date of Expiration: \_\_\_\_\_

Degrees held: \_\_\_\_\_

Dates Awarded: \_\_\_\_\_

Name/location of College(s)/University(s): \_\_\_\_\_

**Directions:** On separate paper, please describe in detail, but as concisely as possible, your experience and accomplishment in each of the following areas in one page or less. Specify the employer, position held and dates when describing experience.

2. PROBATE EXPERIENCE – describe probate matters, if any, you have handled as an attorney.

3. CIVIL LAW INCLUDING FAMILY LAW AND JUVENILE DEPENDENCY EXPERIENCE - describe your civil law and motion experience, including the number and types of motions you have personally drafted.

4. LEGAL RESEARCH AND LEGAL WRITING EXPERIENCE - describe your experience in drafting legal opinions, statements of decision and/or other memoranda of law. Include your level of experience using legal research tools, including electronic legal research (i.e. whether used to look up cases and statutes or for in-depth research).

5. LITIGATION EXPERIENCE – describe your experience in litigating probate or other matters.

6. OTHER COURT-RELATED EMPLOYMENT OR EXPERIENCE – describe your experience, if any, working with Judges, government attorneys, District Attorneys, Public Defenders, Attorney General, or any other State agency attorneys.

7. WRITING SAMPLE – attach a sample of a probate motion or memo that you have personally drafted.

**CERTIFICATE OF APPLICANT:** I certify that all statements made in this application and supplemental application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.

Name (print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_